

WORK Independent Living Counselor Qualifications and Responsibility Form

This form is required before you can be approved to start providing WORK ILC services. This form is also required annually to provide updated contact information and your twelve hours of standardized training in order to continue to be approved to provide WORK ILC services.

ILC Name: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____

E-mail address: _____

Are you / your agency enrolled as a Kansas Medicaid Assistance Provider (KMAP)? Yes No

List of counties that you serve:

Most have at least a backup or supervisor listed. At least 1 backup or a supervisor must be identified.

Name and contact information of a back-up person when you are unavailable. Backup should have at least the same qualifications as a WORK ILC:

Name of Contact: _____

Telephone Number: _____

E-mail address: _____

Name and contact information of your supervisor:

Name of Supervisor: _____

Telephone Number: _____

E-mail address: _____

Please check appropriate boxes below.

- Serve only I/DD populations
- Serve only PD populations
- Serve only TBI populations
- Serve any populations

Please indicate which MCO you contract with, check as many as applicable.

- Aetna Sunflower United

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Name of Training	Brief Description of Training	Date of Training	Number of Hours Received

As a WORK Independent Living Counselor, you are required to participate in all state mandated WORK and independent living counseling trainings to ensure proficiency of the program and services rules, regulations, policies, and procedures set for by the KDHE.

If at any time you are unable to continue providing WORK ILC support for a WORK participant, you must notify the WORK Program Manager in writing two weeks prior to ending ILC support. You must also notify in writing both the participant and the participants MCO Case Manager/Care Coordinator prior to ending ILC support. It will be your responsibility to assist the participants you serve to locate a new ILC prior to ending ILC support.

By signing this form, you certify that the above is accurate and true.

ILC Signature

Date